## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must		
				papers. Each additiona	d paper, such as an assignme of mailing or transmission.	nt or formal drawing, must
25570	7590 11/18	8/2009	1		9	
ROBERTS MLOTKOWSKI SAFRAN & COLE, P.C. Intellectual Property Department P.O. Box 10064				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
MCLEAN, VA	22102-8064					(Depositor's name)
						(Signature)
			ľ			(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/743,667 12/22/2003		John Collier			ETH-5115	7614
TITLE OF INVENTION	. SCIURE ANCHORI	NO DEVICE				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/18/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
RYCKMAN, MELISSA K  1. Change of correspondence address or indication		3773	606-232000			
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
		A TO BE PRINTED ON	*	**	an in identified below the de	samment has been filed for
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSI	GNEE		(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
ETHICON, INC.			Somerville, New Jersey			
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	☐ Individual ☐ Co	rporation or other private gro	up entity 🔲 Government
4a. The following fee(s):	are submitted:	41	b. Payment of Fee(s): (P	lease first reapply an	y previously paid issue fee s	shown above)
Issue Fee		A check is enclosed				
			Payment by credit card. Form PTO-2038 is attached.			
Advance Order - 1	# of Copies		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502478 (enclose an extra copy of this form).			
5. Change in Entity Stat			_			
	s SMALL ENTITY statu				L ENTITY status. See 37 CF	
NOTE: The Issue Fee and interest as shown by the i	d Publication Fee (if requeecords of the United Sta	uired) will not be accepted tes Patent and Tradomark	d from anyone other that Office.	a the applicant; a regis	stered attorney or agent; or the	e assignee or other party in
Authorized Signature	Mulant	J.M.K.		Date F6	ebruary 16, 2	2010
Typed or printed name	Michael	J. Mlotko	wski	Registration N	33,020	
an application. Confident submitting the completed this form and/or suggestion	iality is governed by 35 lapplication form to the ons for reducing this bur irginia 22313-1450. DO	U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the	1.14. This collection is depending upon the ince Chief Information Off	estimated to take 12 m lividual case. Any con icer, U.S. Patent and 1	te public which is to file (and ninutes to complete, including nments on the amount of tim frademark Office, U.S. Depar SEND TO: Commissioner for	g gathering, preparing, and be you require to complete rtment of Commerce, P.O.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.